

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 3: 32

DOCUMENT # **F93000001459 (7)**

1. Corporation Name

STS PARTNER CORPORATION

Principal Place of Business

Mailing Address

SEARS TOWER, 68TH FLOOR
CHICAGO IL 60684

SEARS TOWE
D/970 TAX. BSC 6-26
CHICAGO IL 60684
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

03/24/1993

05/01/1994

4. FEI Number

36-3817598

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes

Yes

No

2. Principal Place of Business

2b. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

24

Zip

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signatures: Typed or printed name of registered agent and officer or director

(If 31), Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MORAN, CHARLES F
STREET ADDRESS	703 ST. JOSEPH DRIVE
CITY- ST- ZIP	OAK BROOK IL 50521
TITLE	VD
NAME	DENNY, JAMES M
STREET ADDRESS	927 ROMONA ROAD
CITY- ST- ZIP	WILMETTE IL 60091
TITLE	VD
NAME	LIDDY, EDWARD M
STREET ADDRESS	1331 NORTH GREEN BAY ROAD
CITY- ST- ZIP	LAKE FOREST IL 60045
TITLE	S
NAME	GRIENENBERGER, WARREN F
STREET ADDRESS	1310 CHESTNUT AVE.
CITY- ST- ZIP	WILMETTE IL 60091
TITLE	AS
NAME	ROHDE, BARBARA E
STREET ADDRESS	5704 SOUTH WALNUT
CITY- ST- ZIP	DOWNERS GROVE IL 60516
TITLE	T
NAME	CONDON, EDWARD J
STREET ADDRESS	6 EAST 8TH STREET
CITY- ST- ZIP	HINSDALE IL 60521

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or as an attachment with an address.

SIGNATURE:

James Blanda

JAMES BLANDA

3/8/95

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE

EXPIRES (YEAR)